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CONFIRMATION NO. 3020

<b>SERIAL NUMBER</b> 10/762,581	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 82402-10302
<b>APPLICANTS</b> Steven N. Mink, Winnipeg, CANADA; Hans Jacobs, Roesrath, GERMANY; Deepak Bose, Winnipeg, CANADA; Krika Duke, Winnipeg, CANADA; R. Bruce Light, Winnipeg, CANADA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,060 01/24/2003 <i>ESO</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>ESO</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/26/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>ESO</i> Acknowledged <i>ESO</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 23529 AIR MAIL				
<b>TITLE</b> Methods of treating inflammation				
<b>FILING FEE RECEIVED</b> 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	